



The Biological Sciences Division and
The Pritzker School of Medicine
Chicago, Illinois 60637-1470

FACSIMILE TRANSMISSION SHEET

Date: _____

TO: Sanction Screening
Office of Medical Center Compliance
Fax Number: (773) 834 - 3898

PLEASE RESPOND TO

(Note, please print and complete all information below.)

NAME: _____
EMAIL: _____
DEPT: _____
PHONE: _____
FAX: _____

Please conduct sanction screening for the _____ individual(s) named on the enclosed, signed document(s).

One business day turn-around is requested. I understand results for requests submitted by 2:00 p.m. today will be e-mailed to me by 10:00 a.m. the next business day.

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